



Mayor Mike Spano

CITY OF YONKERS

John A. Liszewski
Commissioner of Finance

DEPARTMENT OF FINANCE AND MANAGEMENT SERVICES

One Larkin Center

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Yonkers, NY 10701

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**RETURN OF
TAX ON OCCUPANCY OF HOTEL ROOMS**

(Pursuant to Chapter 62 of the State of New York
and Local Law No. 19-2015 of the City of Yonkers)

Hotel Name: _____

Address: _____

Certificate of Authority

No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Please check the appropriate period covered by this Return and note the date tax payment is due:

- | | |
|--|--------------------------|
| <input type="checkbox"/> January 1 st - March 31 st | April 20 th |
| <input type="checkbox"/> April 1 st - June 30 th | July 20 th |
| <input type="checkbox"/> July 1 st - September 30 th | October 20 th |
| <input type="checkbox"/> October 1 st - December 31 st | January 20 th |

Computation of Tax:

- | | |
|---|----------|
| 1. Gross Income From Occupancy of Room | \$ _____ |
| 2. Less: Non-Taxable Room Rentals (Complete & Attached Schedule A) | \$ _____ |
| 3. Net Taxable Room Rentals (Line 1 minus Line 2) | \$ _____ |
| 4. Room Occupancy Tax Due (3% of Line 3) | \$ _____ |
| 5. Add: Penalty Due (5% of Line 4 per month or any fraction of a month to a maximum of 25% for each year) | \$ _____ |
| 6. Add: Interest Due (1% of Line 4 for each month or any fraction of a month) | \$ _____ |
| 7. Total Amount Due (Add Lines 4, 5 and 6) | \$ _____ |

Please complete the following:

Number of rooms available for rental _____

Has the business been sold? _____

☐ No ☐ Yes (Date: __/__/__)

Has the business ceased operations? _____

☐ No ☐ Yes (Date: __/__/__)

CERTIFICATE OF TAXPAYER:

I hereby certify that this return is, to the best of my knowledge and belief, true and complete.

Business Name

Authorized Signature (Agent, Officer, etc.)

Date

Title

This Return must be filed along with your remittance in full for the tax due within 20 days after the period covered by the return to avoid the imposition of penalties and interest.

check payable to: CITY OF YONKERS

DEPARTMENT OF FINANCE
Maria Tavares, Director of Accounting
1 LARKIN CENTER, 3RD FL
YONKERS, NEW YORK 10701

NOTARY:

Sworn to before me this ____ day of _____, 201____

(STAMP)

SCHEDULE A

CITY OF YONKERS HOTEL ROOM OCCUPANCY TAX CALCULATION OF NON-TAXABLE ROOM RENTALS

SCHEDULE A MUST BE FILED WITH QUARTERLY Return

Only Non-Taxable room rentals listed below are allowable

(Please type or print clearly)

Period covered From: _____ To: _____

Hotel Name: _____

LIST DOLLAR AMOUNT BY CATEGORY

- | | |
|---|-------------|
| 1. Tax Exempt Organizations - New York State Agencies, instrumentalities or Sub-divisions; Other organizations with a valid New York State Exempt Certificate.) | 1. \$ _____ |
| 2. United States of America, or any of its agencies and instrumentalities insofar as it is immune from taxation. | 2. \$ _____ |
| 3. Permanent Residents. Must be occupant continuously for 30 days. | 3. \$ _____ |
| 4. Exempt Occupants. (Rent must be paid directly to hotel by the Department of Social Services. No length of stay requirements.) | 4. \$ _____ |
| 5. Add lines 1 through 4. Record total on this line and on Line 2 of quarterly tax return. | 5. & _____ |

Schedule A must be Notarized below and ATTACH TO TAX RETURN

Submitted by: _____

NAME: _____ TITLE: _____

(Signature) DATE: _____

NOTARY

Sworn to before me this

____ day of _____, 201____

HOTEL TAX

INSTRUCTIONS – QUARTERLY RETURN – HOTEL ROOM OCCUPANCY TAX

LINE 1: GROSS INCOME FROM OCCUPANCY OF ROOM

Enter on line 1. Include all rental income from occupancy of rooms, whether or not ultimate payment is received.

LINE 2: LESS NON-TAXABLE ROOM RENTALS – TOTAL OF SCHEDULE A

Enter Total of Schedule A on Line 2. Schedule A must be completed and attached to the return in order for non-taxable room rentals to be allowed. If Schedule A is not attached, non-taxable room rentals will be disallowed. Tax assessment will be made on gross room rentals per Line 1.

Non-taxable rentals consist of the following:

- Tax Exempt Organizations with a valid New York State Tax Exemption Certificate
- Hotel residents who have been occupants continuously for thirty (30) days.
- Exempt occupants defined as hotel occupants whose rent is paid directly to the hotel by the Department of Social Services.

LINE 3: NON-TAXABLE ROOM RENTALS

Subtract Line 2 from Line 1. Enter Amount on Line 3

LINE 4: ROOM OCCUPANCY TAX DUE

Multiply Line 3 by 3 %. Enter Amount on Line 4.

LINE 5: PENALTY DUE

Enter Penalty, if any, on Line 5. A penalty will be assessed by this office for late payments. The penalty is 5% per month or any fraction of a month to a maximum of 25% per year for late payments or non-payment of taxes. Payment is due in our office on or before the 20th day of April, July, October and January.

LINE 6: INTEREST DUE

Enter interest, if any, on Line 6. Interest will be assessed by this office for late payments. Interest will be computed at 1% per month or any fraction of a month for late payments or non-payment of taxes. Payment is due in our office on or before the 20th day of April, July, October and January.

LINE 7: TOTAL AMOUNT DUE

Add Lines 4, 5 and 6. Place total on Line 7. Payment of tax is to be made at the time the return is filed. Failure to do so will result in the assessment of penalty and interest on taxes owed. *Make checks payable to: **City of Yonkers.***

Mail tax Return & Payment To:

City of Yonkers
Department of Finance
Maria Tavares, Director of Accounting
1 Larkin Center – 3rd Floor
Yonkers, New York 10701